

# Request for Domestic Violence Restraining Order

(for cases where there are children with the person you want protection from)

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your Full Name (First, Middle, and Last):

Your Street Address:

Your City: State: Zip:

Your Telephone Number: Area Code: Number:

Name of person you want protection from:

Their Street Address:

City: State: Zip:

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

Description of person you want protection from

Gender: ☐ Male ☐ Female

Date of Birth: Month: Day: Year:

Age:

Weight (in pounds):

Height: Feet: Inches:

Race:

Hair Color:

Eye Color:

Besides you, who needs protection? (Family or household members)

First Person:

Second Person:

Third Person:

Fourth Person:

Names of children who live with the person you want protection from:

First Child's Name:

Date of Birth:

Second Child's Name:

Date of Birth:

Third Child's Name:

Date of Birth:

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number when form is filed.

**Case Number:**

- 1 Your name (person asking for protection):

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone number (*optional*): \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

- 2 Name of person you want protection from:

Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 3 Besides you, who needs protection? (*Family or household members*):

Full Name	Age	Lives with you?	How are they related to you?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 3—Protected People" by your statement. NOTE: In any item that asks for Form MC-020, you can use an 8 1/2 x 11 inch sheet of paper instead.

- 4 What is your relationship to the person in 2? (*Check all that apply*):

- a. ☐ We are now married or registered domestic partners.
- b. ☐ We used to be married or registered domestic partners.
- c. ☐ We live together.
- d. ☐ We used to live together.
- e. ☐ We are relatives, in-laws, or related by adoption (*specify relationship*): \_\_\_\_\_
- f. ☐ We are dating or used to date.
- g. ☐ We are engaged to be married or were engaged to be married.
- h. ☐ We are the parents together of a child or children under 18:  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- i. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (*Attach a copy if you have one.*)

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 4h" by your statement.

**This is not a Court Order.**

Your name: \_\_\_\_\_

**5 Other Court Cases**

- a. Have you and the person in
- (2)**
- been involved in another court case?
- ☐
- No
- ☐
- Yes

If yes, where? County: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? *(If you know)*: \_\_\_\_\_What kind of case? *(Check all that apply)*:

- ☐ Registered Domestic Partnership ☐ Divorce/Dissolution ☐ Parentage/Paternity ☐ Legal Separation  
☐ Domestic Violence ☐ Criminal ☐ Juvenile ☐ Child Support ☐ Nullity ☐ Civil Harassment  
☐ Other *(specify)*: \_\_\_\_\_

- b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

☐ No ☐ Yes *If yes, attach a copy if you have one.***What orders do you want? Check the boxes that apply to your case. ☒****6 ☐ Personal Conduct Orders**I ask the court to order the person in **(2)** not to do the following things to me or any of the people listed in **(3)**:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy  
personal property, disturb the peace, keep under surveillance, or block movements  
b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

**7 ☐ Stay-Away Order**I ask the court to order the person in **(2)** to stay at least \_\_\_\_\_ yards away from: *(Check all that apply)*:

- a. ☐ Me  
b. ☐ The people listed in **(3)**  
c. ☐ My home  
d. ☐ My job or workplace  
e. ☐ The children's school or child care  
f. ☐ My vehicle  
g. ☐ Other *(specify)*: \_\_\_\_\_

If the person listed in **(2)** is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, or place of worship? ☐ Yes ☐ No *(If no, explain)*: \_\_\_\_\_

**8 ☐ Move-Out Order**I ask the court to order the person in **(2)** to move out from and not return to *(address)*:I have the right to live at the above address because *(explain)*: \_\_\_\_\_**9 ☐ Child Custody, Visitation, and Child Support**

I ask the court to order child custody, visitation, and/or child support. *You must fill out and attach Form DV-105.*

**10 ☐ Spousal Support**

*You must fill out and file form FL-150 or FL-155 before your hearing. You can make this request only if you are married to, or are a registered domestic partner of, the person in **(2)** and no spousal support order exists.*

**This is not a Court Order.**

Your name: \_\_\_\_\_

**What orders do you want? Check the boxes that apply to your case. ☒****11 ☐ Record Unlawful Communications**

I ask for the right to record communications made to me by the person in (2) that violate the judge's orders.

**12 ☐ Property Control**I ask the court to give *only* me temporary use, possession, and control of the property listed here:

\_\_\_\_\_

**13 ☐ Debt Payment**

I ask the court to order the person in (2) to make these payments while the order is in effect:

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 13—Debt Payment" by your statement.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**14 ☐ Property Restraint**

I am married to or have a registered domestic partnership with the person in (2). I ask the judge to order that the person in (2) not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in (2) to notify me of any new or big expenses and to explain them to the court.

**15 ☐ Attorney Fees and Costs**

I ask that the person in (2) pay some or all of my attorney fees and costs.

*You must complete and file Form FL-150, Income and Expense Declaration.***16 ☐ Payments for Costs and Services**

I ask that the person in (2) pay the following:

*You can ask for lost earnings or your costs for services caused directly by the person in (2) (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**17 ☐ Batterer Intervention Program**

I ask the court to order the person listed in (2) to go to a 52-week batterer intervention program and show proof of completion to the court.

**18 ☐ No Fee to Serve (Notify) Restrained Person***If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk if you need to file more forms. You may need Form CH-101/DV-290 and Form 982(a)(17).***This is not a Court Order.**

Your name: \_\_\_\_\_

**What orders do you want? Check the boxes that apply to your case. ☒****19 ☐ More Time for Notice**

I need extra time to notify the person in (2) about these papers. Because of the facts explained on this form, I want the papers served up to \_\_\_\_\_ days before the date of the hearing. *For help, read DV-210.*

*If necessary, add additional facts:* \_\_\_\_\_

**20 ☐ Other Orders**

What other orders are you asking for? \_\_\_\_\_

☐ *Check here if you need more space. Attach MC-020 and write "DV-100, Item 20—Other Orders" by your statement.*

**21 Turn in guns or other firearms.**

*If the judge approves the order, the person in (2) will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she has or controls. Describe any use or threatened use of firearms in (22).*

**22 Describe the most recent abuse.**

a. Date of most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in (2) do or say that made you afraid?

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d. Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

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e. Describe any injuries: \_\_\_\_\_

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f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one.*


☐ *Check here if you need more space. Use Form MC-020 and write "DV-100, Item 22—Recent Abuse" by your statement.*

☐ *Check here if the person in (2) has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.*

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

  
\_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

☒ This form is attached to DV-100, Item 21.

1 Your name: \_\_\_\_\_

2 Name of person you want protection from (restrained person): \_\_\_\_\_

**3 Describe the 2nd most recent abuse.**

a. Date of 2nd most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

e. Describe any injuries. \_\_\_\_\_

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one.*

Your name: \_\_\_\_\_

Case Number:

**4 Describe other recent abuse.**

- a. Date of other recent abuse: \_\_\_\_\_
- b. Who was there? \_\_\_\_\_  
\_\_\_\_\_
- c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe any injuries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Did the police come? ☐ No ☐ Yes  
If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know  
*Attach a copy if you have one.*

**5 ☐ Describe other abuse against you or your children.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ *If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV-101 — Description of Abuse" at the top.*



Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number:

**Case Number:**

① Name of person asking for protection (protected person):

Protected person's address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Protected person's lawyer (*if any*): (*Name, address, telephone number, and State Bar number*):

② Restrained person's name:

Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

③ List the full names of all family or household members protected by this order: \_\_\_\_\_

④ **Court Hearing Date (*Fecha de la Audiencia*)**

Clerk will fill out section below.

**Hearing  
Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from above:  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

To the person in ②: At the hearing, the judge can make restraining orders that last for up to 3 years. The judge can also make other orders about your children, child support, spousal support, money, and property. At the hearing, you can tell the judge that you do not want the orders against you. Even if you do not attend the hearing, you *must* obey the orders.

*Para la persona nombrada en ②: En esta audiencia el juez puede hacer que la orden de restricción sea válida hasta un máximo de 3 años. El juez puede también hacer otras órdenes acerca de niños, manutención, dinero y propiedad. Si Usted se opone a estas órdenes, vaya a la audiencia y dígaselo al juez. Aunque no vaya a la audiencia, tiene que obedecer estas órdenes.*

To the person in ①: At the hearing, the judge will consider whether denial of any orders will jeopardize your safety and the safety of children for whom you are requesting custody visitation and child support. Safety concerns related to your financial needs and the children's will also be considered.

⑤ **Temporary Orders (*Ordenes Temporales*)**

Any orders made in this form end at the time of the court hearing in ④, unless a judge extends them.

Read this form carefully. All checked boxes ☒ and items 10 and 11 are court orders.

*Todas las órdenes hechas en esta formulario terminarán en la fecha y hora de la audiencia en ④, al menos que un juez las extienda. Lea este formulario con cuidado. Todas las casillas marcadas ☒ y artículo 10 son órdenes de la corte.*

**This is a Court Order.**



Your name: \_\_\_\_\_

**6** ☐ **Personal Conduct Orders**The person in **(2)** must *not* do the following things to the protected people listed in **(1)** and **(3)**:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements
- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail  
☐ Except for brief and peaceful contact as required for court-ordered visitation of children unless a criminal protective order says otherwise

Peaceful written contact through a process server or another person to serve legal papers is allowed and does not violate this order.

**7** ☐ **Stay-Away Order**The person in **(2)** must stay at least \_\_\_\_\_ yards away from:

- a. ☐ The person listed in **(1)**  
b. ☐ The people listed in **(3)**  
c. ☐ Home ☐ Job ☐ Vehicle of person in **(1)**  
d. ☐ The children's school or child care  
e. ☐ Other (*specify*): \_\_\_\_\_

**8** ☐ **Move-Out Order**The person in **(2)** must take only personal clothing and belongings needed until the hearing and move out immediately from (*address*): \_\_\_\_\_**9** ☐ **Child Custody and Visitation Order**

- a. ☐ You and the other parent must make an appointment for court mediation (*address and phone number*): \_\_\_\_\_
- b. ☐ Follow the orders listed in Form DV-140, which is attached.

**10** **No Guns or Other Firearms**The person in **(2)** cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.**11** **Turn in or sell guns or firearms:**The person in **(2)**:

- Must sell to a licensed gun dealer or turn in to police any guns or firearms that he or she has or controls. This must be done within 24 hours of receiving this order.
- Must bring a receipt to the court within 72 hours of receiving this order, to prove that guns and firearms have been turned in or sold.

**12** ☐ **Property Control**Until the hearing, *only* the person in **(1)** can use, control, and possess the following property and things:

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**This is a Court Order.**

Your name: \_\_\_\_\_

**13** ☐ **Property Restraint**

If the people in ① and ② are married to each other or are registered domestic partners, they must not transfer, borrow against, sell, hide, or get rid of or destroy any property, except in the usual course of business or for necessities of life. In addition, each person must notify the other of any new or big expenses and explain them to the court.

**14** ☐ **Record Unlawful Communications**

The person in ① can record communications made by the person in ② that violate the judge's orders.

**15** **No Fee to Notify**

If the sheriff or marshal serves this order, he or she will do it for free.

**16** ☐ **Other Orders** (*specify*): \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**17** If the judge makes a restraining order at the hearing, which has the same orders as in this form, the person in ② will get a copy of that order by mail at his or her last known address. (*Write restrained person's address here*): \_\_\_\_\_

If this address is not correct, or to know if the orders were made permanent, contact the court.

**18** ☐ **Time for Service****A To: Person Asking for Order**

Someone 18 or over—**not you or the other protected people**—must personally “serve” a copy of this order to the restrained person at least \_\_\_\_\_ days before the hearing.

**B To: Person Served With Order**

If you want to respond in writing, someone 18 or over—**not you**—must “serve” Form DV-120 on the person in ①, then file it with the court at least \_\_\_\_\_ days before the hearing.

*For help with Service or answering, read Form DV-210 or DV-540.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judge (or Judicial Officer)***Certificate of Compliance With VAWA**

This temporary protective order meets all Full Faith and Credit requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA) upon notice of the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be afforded notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in all jurisdictions throughout the 50 United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

**This is a Court Order.**

Your name: \_\_\_\_\_

**Warnings and Notices to the Restrained Person in ②****19 If you do not obey this order, you can be arrested and charged with a crime.**

- It is a felony to take or hide a child in violation of this order. You can go to prison and/or pay a fine.
- If you travel to another state or to tribal lands, or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.
- If you do not obey this order, you can go to prison and/or pay a fine.

**20 You cannot have guns or firearms.**

**You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while the order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a gun dealer or turn in to police any guns or firearms that you have or control. The judge will ask you for proof that you did so. If you do not obey this order, you can be charged with a crime. Federal law says you cannot have guns or ammunition if you are subject to a restraining order made after a noticed hearing.**

**21 After You Have Been Served With a Restraining Order**

- Obey all the orders.
- If you want to respond, fill out Form DV-120. Take it to the court clerk with the forms listed in item ②②.
- File DV-120 and have all papers served on the protected person by the date listed in item ①⑧ of this form.
- At the hearing, tell the judge if you agree or disagree with the orders requested.
- Even if you do not attend the hearing, the judge can make the restraining orders last for 3 years.

**22 Child Custody, Visitation, and Support**

- Child Custody and Visitation: If you do not go to the hearing, the judge can make custody and visitation orders for your children without hearing your side.
- Child Support: The judge can order child support based on the income of both parents. The judge can also have that support taken directly from your paycheck. Child support can be a lot of money, and usually you have to pay until the child is 18. File and serve a *Financial Statement* (FL-155) or an *Income and Expense Declaration* (FL-150) so the judge will have information about your finances. Otherwise, the court may make support orders without hearing your side.
- Spousal Support: File and serve a *Financial Statement* (FL-155) or an *Income and Expense Declaration* (FL-150) so the judge will have information about your finances. Otherwise, the court may make support orders without hearing your side.

**This is a Court Order.**

Your name: \_\_\_\_\_

**Instructions for Law Enforcement****23 Start Date and End Date of Orders**

The start date is the date next to the judge's signature on page 3. The orders end on the hearing date on page 1 or the hearing date on Form DV-125, if attached.

**24 Arrest Required If Order Is Violated**

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

**25 Notice/Proof of Service**

- Law enforcement must first determine if the restrained person had notice of the orders. If notice cannot be verified, the restrained person must be advised of the terms of the orders. If the restrained person then fails to obey the orders, the officer must enforce them. (Fam. Code, § 6383.)

Consider the restrained person "served" (noticed) if:

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file *or*
- The restrained person was at the restraining order hearing or was informed of the order by an officer (Fam. Code, § 6383; Pen. Code, § 836(c)(2).) An officer can obtain information about the contents of the order in the Domestic Violence Restraining Orders System (DVROS). (Fam. Code, § 6381(b)(c).)

**26 If the Protected Person Contacts the Restrained Person**

Even if the protected person invites or consents to contact with the restrained person, the orders remain in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

**27 Child Custody and Visitation**

- Custody and visitation orders are on Form DV-140, items ③ and ④. They are sometimes also written on additional pages or referenced in DV-140 or other orders that are not part of the restraining order.
- **Forms DV-100 and DV-105 are not orders. Do not enforce them.**

**28 Enforcing the Restraining Order in California**

Any law enforcement officer in California who receives, sees, or verifies the orders on a paper copy, or on the California Law Enforcement Telecommunications System (CLETS), or in an NCIC Protection Order File must enforce the orders.

**29 Conflicting Orders**

If a criminal restraining order (CR-160) conflicts with a civil restraining order (DV-110 or DV-130), enforce the criminal order. Even if the criminal order is older, the officer must still enforce it over the civil order. (Pen. Code, § 136.2(h).) Any nonconflicting terms of the civil restraining order remain in full force.

*Clerk's Certificate**[seal]*

I certify that this Temporary Restraining Order is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

☒ This form is attached to DV-100, Item 9.

1 Your name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

### 3 Change of Current Court Orders

☐ I want to change a current child custody or visitation court order.

*Explain your current order and why you want a change. Then skip to 5 and finish the form. If you do not want a change, skip to 4 and finish the form.* \_\_\_\_\_

4 ☐ I want to keep my current child custody court order without any changes. *If there are no court orders for custody, you cannot check this box. If you check this box, skip the rest of this form. If you have a copy of the current court order, attach it.*

### 5 Child Custody

I ask the court for custody as follows:

**Legal Custody to:** (Person who makes decisions about health, education, etc. Check at least one.)  
**Physical Custody to:** (Person the child lives with. Check at least one.)

Child's Name	Date of Birth	Mom	Dad	Other*	Mom	Dad	Other*
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ If more children, check here. Attach a sheet of paper and write "DV-105, Item 5 — Child Custody" by your request.

*\*If Other, specify relationship to child and name of person:* \_\_\_\_\_

### 6 Child's Address

Where has the child in 5a lived for the last 5 years? Give each address unless it is private. Start with where the child lives now and work backwards in time.

Child 5a's addresses:

Child 5a lived with:

Mom Dad Other\* Dates lived there:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to present
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____

*\*If Other, specify relationship to child and name of person:* \_\_\_\_\_

### 7 Other Children's Addresses

☐ Check here if the other child's (or children's) address information is the same as listed in 6.

☐ If it is different, check here. Attach a sheet of paper and write "DV-105, Item 7 — Other Children's Addresses" by your list. List other children's address information, including dates, and name of person child lived with.

**This is not a Court Order.**

Your name: \_\_\_\_\_

**8 Other custody case?**

Were you involved in, or do you know of, any other custody case for any child listed in this form?

☐ No ☐ Yes *If yes, fill out below:*

- a. Name of each child in other custody case: \_\_\_\_\_  
\_\_\_\_\_
- b. Type of case: ☐ Divorce ☐ Guardianship ☐ Adoption ☐ Juvenile ☐ Other (specify): \_\_\_\_\_
- c. I was a ☐ Witness ☐ Party ☐ Other (specify): \_\_\_\_\_
- d. Court (name): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- e. Date of court order: \_\_\_\_\_

**9 Other people claim to have custody?**Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form? ☐ No ☐ Yes *If yes, fill out below:*Name and address of that person: \_\_\_\_\_  
\_\_\_\_\_☐ Has custody ☐ Claims custody rights ☐ Claims visitation rightsFor these children (name of each child):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Check here if you need more space. Attach a sheet of paper and write "DV-105, Item 9" by your statement.**10 Visitation**I ask the court to order that the person in **2** have the following temporary visitation rights:

(Check all that apply)

- a. ☐ No visitation until the hearing
- b. ☐ No visitation after the hearing
- c. ☐ The following visitation ☐ until the hearing ☐ after the hearing

(1) ☐ **Weekends** (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of monthfrom \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)(2) ☐ **Weekdays** (starting): \_\_\_\_\_from: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)(3) ☐ **Other Visitation***Attach a sheet of paper with other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-105, Item 10 — Visitation" by your statement.***This is not a Court Order.**

Your name: \_\_\_\_\_

**11 ☐ Supervised Visitation**a. I ask that the visitation in **10** be supervised by *(write name and telephone number)*:  
\_\_\_\_\_

b. I ask that any costs for supervision be paid as follows:

Mom \_\_\_\_\_ % Dad \_\_\_\_\_ % Other *(name)* \_\_\_\_\_ %**12 ☐ Responsibility for Transportation for Visitation***"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.*a. ☐ Mom ☐ Dad ☐ Other *(name)*: \_\_\_\_\_ **to** the visits.b. ☐ Mom ☐ Dad ☐ Other *(name)*: \_\_\_\_\_ **from** the visits.c. ☐ Drop-off / pick-up of children will be at *(address)*: \_\_\_\_\_  
\_\_\_\_\_**13 ☐ Travel With Children**☐ Mom ☐ Dad ☐ Other *(name)*: \_\_\_\_\_ **MUST** have written permission from the other parent, or a court order, to take the children outside of:a. ☐ The State of California.b. ☐ Other place(s) *(list)*: \_\_\_\_\_  
\_\_\_\_\_**14 ☐ Child Abduction**☐ I believe that there is a risk the other parent will take our child out of California without my permission.*If you check this box you must fill out and attach form DV-108.***15 ☐ Child Support**a. ☐ I ask the court for child support. *You must fill out and file FL-150 or FL-155 before your hearing.*b. ☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.c. ☐ I already have a child support order, but I want it changed.**16 Important!**

You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.

**This is not a Court Order.**



☒ This form is attached to DV-105, *Child Custody, Visitation, and Support Request*.

1 Your name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other\*

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other\*

\* If "Other," specify relationship with child: \_\_\_\_\_

3 Do you think the other parent may take the child without your permission to:

a. ☐ Another county in California? ☐ Yes ☐ No If "yes," what county? \_\_\_\_\_

b. ☐ Another state? ☐ Yes ☐ No If "yes," what state? \_\_\_\_\_

c. ☐ A foreign country? ☐ Yes ☐ No If "yes," what country? \_\_\_\_\_

If "Yes," is the other parent a citizen of that country? ☐ Yes ☐ No

If "Yes," does the other parent have family or emotional ties to that country? ☐ Yes ☐ No

Explain:

\_\_\_\_\_

\_\_\_\_\_

4 Why do you think the other parent may take the child without your permission?

The other parent: (Check all that apply)

a. ☐ Has violated — or threatened to violate — a custody or visitation order in the past.

b. ☐ Does not have strong ties to California

c. ☐ Has done things recently that make it easy for him or her to take the child away without permission. He or she has: (Check all that apply)

☐ Quit his or her job

☐ Sold his or her home

☐ Closed a bank account

☐ Ended a lease

☐ Sold or gotten rid of assets

☐ Hidden or destroyed documents

☐ Applied for a passport, birth certificate, or school or medical records

d. ☐ Has a history of: (Check all that apply)

☐ Domestic violence

☐ Child abuse

☐ Not cooperating with me in parenting

☐ Child abduction

e. ☐ Has a criminal record

f. Please explain your answers to a–e:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This is not a Court Order.**

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**What orders do you want? Check the boxes that apply to your case. ☒**

**5 ☐ Post a Bond**

I ask the court to order the other parent to post a bond for \$ \_\_\_\_\_. If the other parent takes the child without my permission, I can use this money to bring the child back.

**6 ☐ Do Not Move Without My Permission or Court Order**

I ask the court to order the other parent *not* to move with the child without my written permission or a court order.

**7 ☐ No Travel Without My Permission**

I ask the court to order the other parent *not* to travel with the child outside: (*Check all that apply*)

☐ This county      ☐ California      ☐ The United States      ☐ Other (*specify*): \_\_\_\_\_

**8 ☐ Notify Other State of Travel Restrictions**

I ask the court to order the other parent to register this order in the state of \_\_\_\_\_ before the child can travel to that state for visits.

**9 ☐ Turn In and Do Not Apply for Passports or Other Vital Documents**

I ask the court to order the other parent to turn in and *not* apply for passports or other documents (such as visas or birth certificates) that can be used for travel.

**10 ☐ Provide Itinerary and Other Travel Documents**

If the other parent is allowed to travel with the child, I ask the court to order the other parent to give me before leaving:

- ☐ The child's travel itinerary
- ☐ Copies of round-trip airline tickets
- ☐ Addresses and telephone numbers where the child can be reached
- ☐ An open airline ticket for me in case the child is/are not returned
- ☐ Other (*specify*): \_\_\_\_\_

**11 ☐ Notify Foreign Embassy or Consulate of Passport Restrictions**

I ask the court to order the other parent to notify the embassy or consulate of \_\_\_\_\_ of this order and to provide the court with proof of that notification within \_\_\_\_\_ calendar days.

**12 ☐ Foreign Custody and Visitation Order**

I ask the court to order the other parent to get a custody and visitation order equal to the most recent U.S. order before the child can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of the country.

**13** I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*



\_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

This form is attached to (check one): ☐ DV-110 ☐ DV-130

1 Protected person's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

### The Court Orders:

3 ☐ Child Custody is ordered as follows:

**Legal Custody to:** (Person who makes decisions about health, education, etc. Check at least one.)

**Physical Custody to:** (Person the child lives with. Check at least one.)

Child's Name	Date of Birth	Mom	Dad	Other*	Mom	Dad	Other*
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ If more children, check here. Attach a sheet of paper and write "DV-140, Item 3 — Child Custody" at the top.

\* If Other, specify relationship to child and name of person: \_\_\_\_\_

4 ☐ Child Visitation is ordered as follows:

- a. ☐ No visitation to ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_
- b. ☐ See the attached \_\_\_\_\_ - page document, dated: \_\_\_\_\_
- c. ☐ The parties must go to mediation at: \_\_\_\_\_
- d. ☐ Until the next court order, visitation for ☐ Mom ☐ Dad ☐ Other \_\_\_\_\_ will be:

(1) ☐ **Weekends (starting):** \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)  
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of month  
 from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
 (day of week) (time) (day of week) (time)

(2) ☐ **Weekdays (starting):** \_\_\_\_\_  
 from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
 (day of week) (time) (day of week) (time)

(3) ☐ **Other Visitation**

Check here and attach a sheet of paper if there are other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-140, Item 4 — Visitation" at the top.

5 ☐ **Supervised Visitation** — Follow orders on attached Form DV-150.

6 ☐ **Responsibility for Transportation for Visitation**

"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.

- a. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ to the visits.
- b. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ from the visits.
- c. ☐ Drop-off / pick-up of children will be at (address): \_\_\_\_\_

**This is a Court Order.**

Protected person's name: \_\_\_\_\_

**7** ☐ **Travel With Children**☐ Mom ☐ Dad ☐ Other (*name*): \_\_\_\_\_ *must* have written permission from the other parent, or a court order, to take the children outside of:a. ☐ The State of Californiab. ☐ Other place(s) (*list*): \_\_\_\_\_**8** ☐ **Child Abduction**

There is a risk that one of the parents will take the children out of California without the other parent's permission. The orders in Form DV-145 are attached and must be obeyed. (*Fill out and attach DV-145 to this form.*)

**9** ☐ **Other Orders**

*Check here and attach any other orders to this form. Write "DV-140, Item 9 — Other Orders" on the orders.*

**10** **Jurisdiction**

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with section 3400).

**11** **Notice and Opportunity to Be Heard**

The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.

**12** **Country of Habitual Residence**

The country of habitual residence of the child or children in this case is ☐ the United States of America or ☐ other (*specify*): \_\_\_\_\_.

**13** **Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

**This is a Court Order.**

**1** Answer these questions: (If *any* answer is yes, go to **2**.)

Are you self-employed? ☐ Yes ☐ No

Are you asking for spousal support or a change in spousal support? ☐ Yes ☐ No

Is your spouse (husband or wife) asking for spousal support or a change in spousal support? ☐ Yes ☐ No

Are you asking the other person to pay your attorney fees? ☐ Yes ☐ No

Is the other person asking you to pay his or her attorney fees? ☐ Yes ☐ No

Do you have income that is **not** listed below? ☐ Yes ☐ No

- Welfare (CalWORKS, TANF, GR, or GA)
- Salary from your job
- Disability
- Unemployment
- Worker's Compensation
- Social Security
- Retirement

**2** If you answered yes to at least one question, you *must* use FL-150 (Income and Expense Declaration). This form can be hard to fill out. Ask the Family Law Facilitator for help.

**3** If you answered no to **all** of the above, you can use FL-155 (Simplified Financial Statement) or FL-150 (Income and Expense Declaration). But FL-155 is easier to fill out.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months here (black out social security numbers).

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about \_\_\_\_\_ hours per week.
- I get paid \$ \_\_\_\_\_ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- My age is (specify): \_\_\_\_\_
- I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): \_\_\_\_\_
- Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- I have: ☐ professional/occupational license(s) (specify): \_\_\_\_\_  
☐ vocational training (specify): \_\_\_\_\_

**3. Tax information**

- ☐ I last filed taxes for tax year (specify year): \_\_\_\_\_
- My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name): \_\_\_\_\_
- I file state tax returns in ☐ California ☐ other (specify state): \_\_\_\_\_
- I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

5. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) . . . . .	\$ _____	_____
b. Overtime (gross, before taxes) . . . . .	\$ _____	_____
c. Commissions or bonuses. . . . .	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .	\$ _____	_____
g. Pension/retirement fund payments. . . . .	\$ _____	_____
h. Social security retirement (not SSI) . . . . .	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . .	\$ _____	_____
j. Unemployment compensation . . . . .	\$ _____	_____
k. Workers' compensation . . . . .	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest. . . . .	\$ _____	_____
b. Rental property income . . . . .	\$ _____	_____
c. Trust income. . . . .	\$ _____	_____
d. Other (specify): . . . . .	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month

a. Required union dues . . . . .	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA). . . . .	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). . . . .	\$ _____
d. Child support that I pay for children from other relationships. . . . .	\$ _____
e. Spousal support that I pay by court order from a different marriage. . . . .	\$ _____
f. Partner support that I pay by court order from a different domestic partnership . . . . .	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . .	\$ _____

11. **Assets** . . . . . Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .	\$ _____
b. Stocks, bonds, and other assets I could easily sell . . . . .	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . .	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**      ☐ Estimated expenses      ☐ Actual expenses      ☐ Proposed needs

- |  |   |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies. .... \$ _____</p> <p>e. Eating out. .... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation. .... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. .... \$ _____</p> <p>o. Charitable contributions. .... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|--|---|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.  
 NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

- 16. Attorney fees** (This is required if either party is requesting attorney fees.): \$ \_\_\_\_\_
- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \$ \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)



PETITIONER/PLAINTIFF: —RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**

(NOTE: Fill out this page only if your case involves child support.)

**17. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**18. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**19. Additional expenses for the children in this case**

Amount per month

- |   |          |
|---|----------|
| a. Child care so I can work or get job training. . . . .                            | \$ _____ |
| b. Children's health care not covered by insurance . . . . .                        | \$ _____ |
| c. Travel expenses for visitation . . . . .   | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> : . . . . . | \$ _____ |

**20. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- |   |          |       |
|---|----------|-------|
| a. Extraordinary health expenses not included in 19b. . . . .   | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . .          | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . . | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : _____   |          |       |

- (3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**21. Other information I want the court to know concerning support in my case *(specify)*:**

Your name and address or attorney's name and address:     ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		CASE NUMBER:

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.  
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time \_\_\_\_\_ %  
 b. The children from this relationship are with the other parent this amount of time \_\_\_\_\_ %  
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is \_\_\_\_\_ \$  
 This income comes from the following:  

**Attach 1**  
**copy of pay**  
**stubs for**  
**last 2**  
**months here**  
**(cross out**  
**social**  
**security**  
**numbers)**

☐ Salary/wages: Amount before taxes per month \_\_\_\_\_ \$  
☐ Retirement: Amount before taxes per month \_\_\_\_\_ \$  
☐ Unemployment compensation: Amount per month \_\_\_\_\_ \$  
☐ Workers' compensation: Amount per month \_\_\_\_\_ \$  
☐ Social security: ☐ SSI ☐ Other Amount per month \_\_\_\_\_ \$  
☐ Disability: Amount per month \_\_\_\_\_ \$  
☐ Interest income ( from bank accounts or other): Amount per month \_\_\_\_\_ \$

 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
  - a. ☐ Day care or preschool to allow me to work or go to school \_\_\_\_\_ \$
  - b. ☐ Health care not paid for by insurance \_\_\_\_\_ \$
  - c. ☐ School, education, tuition, or other special needs of the child \_\_\_\_\_ \$
  - d. ☐ Travel expenses for visitation \_\_\_\_\_ \$
7. ☐ There are *(specify number)* \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are \_\_\_\_\_ \$
8. I spend the following average monthly amounts *(please attach proof)*:
  - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* \_\_\_\_\_ \$
  - b. ☐ Required union dues \_\_\_\_\_ \$
  - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) \_\_\_\_\_ \$
  - d. ☐ Health insurance costs \_\_\_\_\_ \$
  - e. ☐ Child support I am paying for other minor children of mine who are not living with me \_\_\_\_\_ \$
  - f. ☐ Spousal support I am paying because of a court order for another relationship \_\_\_\_\_ \$
  - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage \_\_\_\_\_ \$  
 If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_
9. Information concerning ☐ my current employment ☐ my most recent employment:
 

Employer:  
 Address:  
 Telephone number:  
 My occupation:  
 Date work started:  
 Date work stopped *(if applicable)*: \_\_\_\_\_ What was your gross income *(before taxes)* before work stopped?: \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
<input type="checkbox"/> PETITIONER/PLAINTIFF		<input type="checkbox"/> RESPONDENT/DEFENDANT

## INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 

<ul style="list-style-type: none"> <li>• Welfare (such as TANF, GR, or GA)</li> <li>• Salary or wages</li> <li>• Disability</li> <li>• Unemployment</li> </ul>	<ul style="list-style-type: none"> <li>• Interest</li> <li>• Workers' compensation</li> <li>• Social security</li> <li>• Retirement</li> </ul>
--	--
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT**TO ☐ *Findings and Order After Hearing* ☐ *Judgment* ☐ *Other (specify):***THE COURT FINDS**

1. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out below.

2. **Net income.** The parties' monthly income and deductions are as follows (*complete a, b, or both*):

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS				
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS				

3. **Other factors regarding spousal or partner support**

- a. ☐ The parties were married for (*specify numbers*): \_\_\_\_\_ years \_\_\_\_\_ months.  
 b. ☐ The parties were registered as domestic partners or the equivalent on (*date*): \_\_\_\_\_  
 c. ☐ The Family Code section 4320 factors were considered, as listed in Attachment 3c.  
 d. ☐ The marital standard of living was (*describe*): \_\_\_\_\_

☐ See Attachment 3d.e. ☐ Other (*specify*): \_\_\_\_\_**THE COURT ORDERS**

4. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent  
 as ☐ temporary ☐ spousal support ☐ family support ☐ partner support  
 \$ \_\_\_\_\_ per month, beginning (*date*): \_\_\_\_\_, payable through (*specify end date*): \_\_\_\_\_

☐ payable on the (*specify*): \_\_\_\_\_ day of each month.☐ Other (*specify*): \_\_\_\_\_

- b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death, remarriage, or registration of a new domestic partnership of the support payee.
- c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
- d. ☐ Service of the earnings assignment is stayed provided the payor is not more than (*specify number*): \_\_\_\_\_ days late in the payment of spousal, family, or partner support.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
6. ☐ **NOTICE:** It is the goal of this state that each party must make reasonable good faith efforts to become self-supporting as provided for in Family Code section 4320. The failure to make reasonable good faith efforts may be one of the factors considered by the court as a basis for modifying or terminating support.
7. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. Form FL-192, *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order*, is attached.
8. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.
9. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.
10. ☐ Other (*specify*):

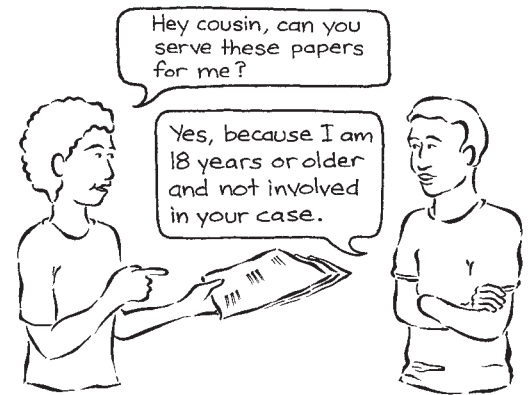
<b>NOTICE:</b> Any party required to pay support must pay interest on overdue amounts at the “legal” rate, which is currently 10 percent.
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### What is “service”?

There are many kinds of service — in person, by mail, and others. This form is about “in-person service.” The Temporary Restraining Order (DV-110) and the Request for Order (DV-100) must be served “in person.” That means someone — not you or anyone else protected by the order — must personally “serve” (give) the restrained person a copy of the forms.

Service lets the other person know:

- What orders you are asking for
- The hearing date
- How to answer



### Who can serve?

Ask someone you know, a process server, or law enforcement to personally “serve” (give) a copy of the order to the restrained person. You *cannot* send it by mail.

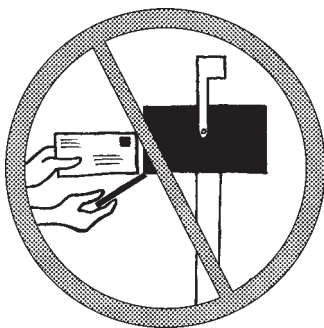
The server must:

- Be 18 or over
- Not be protected by the orders

The sheriff or marshal is authorized to serve the orders for *free*.

A “process server” is a business you pay to deliver court forms. Look in the Yellow Pages, under “Process Serving.”

(If law enforcement or the process server uses a different Proof of Service form, make sure it lists the forms served.)



*Don't serve it by mail!*

### How to serve

Ask the server to:

- Walk up to the person to be served.
- Make sure it's the right person. Say the person's name: “Are you John Doe?” or “Hi, John Doe.”
- Give copies of all papers checked on DV-200.
- Fill out and sign the Proof of Service form (DV-200).
- Give the signed Proof of Service to you.

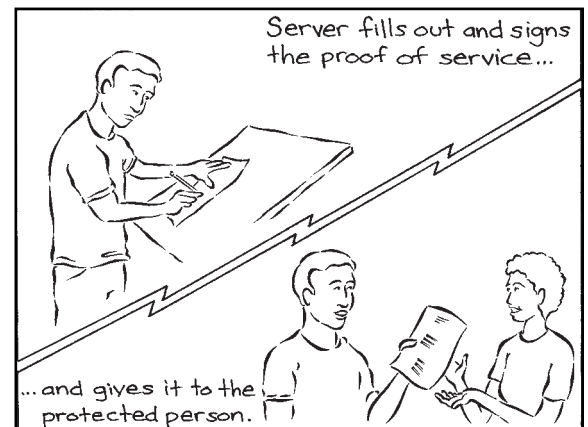


### What if the person won't take the papers or tears them up?

- If the person won't take the papers, just leave them near the person.
- It doesn't matter if the person tears them up.

### Who signs the Proof of Service?

Only the person who serves the orders can sign the Proof of Service. You do not sign DV-200. The restrained person does not sign this form.



### When do the orders have to be served?

It depends. To know the exact date, you have to look at two things on Form DV-110:

First, look at the hearing date on page 1 of DV-110. Next, look at the number of days written in 18 on page 3.

**4 Court Hearing Date (Fecha de la Audiencia)**  
Court will fill in box below.

**Hearing Date** Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

To the person in 2: At the hearing, the judge can also make other orders about money, child support, and orders against you. Even if you don't ask for them.

**18** ☐ Time for Service

**A To: Person Asking for Order**  
Someone 18 or over—not you or the other protected people—must personally “serve” a copy of this order to the restrained person at \_\_\_\_\_ days before the hearing.

For help with \_\_\_\_\_

Look at a calendar. Subtract the number of days in 18 from the hearing date. That's the final date to have the orders served. It's always OK to serve earlier than that date.

If nothing is written in 18, follow these rules:

- If the restrained person was notified that you asked for temporary orders, you have 15 days before the hearing.
- If the restrained person was not notified that you asked for temporary orders, you have 5 days before the hearing.

### Why do I have to get the orders served?

- The *police cannot arrest* anyone for violating an order *unless* that person knows about the order.
- The *judge cannot make the orders permanent* unless the restrained person was served.

### What happens if I can't get the orders served before the hearing date?

Before your hearing, fill out and file the Reissue Temporary Restraining Order (DV-125). This form asks the judge for a new hearing date and makes your orders last until then. Ask the clerk for the form.

You *must* attach a copy of DV-125 to a copy of your original order. That way, the police will know your orders are still in effect. And the restrained person will be served with notice of the new hearing date.

For more information on getting a new hearing date, read DV-126.

### What do I do with the completed Proof of Service?

- Make at least 5 copies.
- File the original at least 2 days before your hearing.
- Ask the clerk to enter it into CLETS, a special computer system that lets police all over the state find out about your order.
- If the clerk tells you they can't enter it into the computer, take 1 copy to your local police. They will put the information into the state computer system. That way, police all over the state will know about your restraining order.
- Bring a copy of the Proof of Service to your hearing.
- Always keep an extra copy with you for your safety.

Clerk stamps below when form is filed.

**1** Protected person's name: \_\_\_\_\_**2** Restrained person's name: \_\_\_\_\_**3 Notice to Server**

You must:

- Be 18 or over.
- Not be listed on the restraining order.
- Give a copy of all documents checked in **4** to the restrained person in **2**. (You cannot send them by mail.) Then sign this form and give or mail it to the protected person.



Court name and street address:

**Superior Court of California, County of****Case Number:****4** I gave the person in **2** a copy of all documents checked below:

- a. ☐ DV-110 with DV-100 and a blank DV-120  
(Temporary Restraining Order and Notice of Hearing;  
Request for Order; blank Answer to Temporary Restraining Order)
- b. ☐ DV-105 and DV-140 (Child Custody, Visitation, and Support Request; Child Custody and Visitation Order)
- c. ☐ FL-150 with a blank FL-150 (Income and Expense Declaration)
- d. ☐ FL-155 with a blank FL-155 (Simplified Financial Statement)
- e. ☐ DV-125 (Reissue Temporary Restraining Order)
- f. ☐ DV-130 (Restraining Order After Hearing)
- g. ☐ Other (*specify*): \_\_\_\_\_

**5** I gave copies of the documents checked above to the person in **2** on:

- a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.
- c. At this address: \_\_\_\_\_

**6 Server's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(If you are a process server):*

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

**7** I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

Type or print server's name



Server to sign here



Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number:

**Case Number:**

The judge can consider your Answer at the hearing. Write your hearing date and time here:

**Hearing  
Date**→ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_**You must obey the orders until the hearing.**

If you do not come to this hearing, the judge can make the orders last for 3 years or longer.

**1** Name of person who asked for the order (protected person): \_\_\_\_\_**2** Your name: \_\_\_\_\_Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone (*optional*): \_\_\_\_\_Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Give the judge your answers to DV-100:****3** ☐ **Personal Conduct Orders**I ☐ do ☐ do not agree to the order requested.**4** ☐ **Stay-Away Order**I ☐ do ☐ do not agree to the order requested.**5** ☐ **Move-Out Order**I ☐ do ☐ do not agree to the order requested.**6** ☐ **Child Custody**a. I ☐ do ☐ do not agree to the custody order requested.b. ☐ I am not the parent of the child listed in DV-105.c. ☐ I ask for the following custody order (*specify*):  
\_\_\_\_\_  
\_\_\_\_\_d. I ☐ do ☐ do not agree to the orders requested to prevent child abduction.**7** ☐ **Visitation**a. I ☐ do ☐ do not agree to the visitation order requested.b. ☐ I ask for the following visitation order (*specify*): \_\_\_\_\_  
\_\_\_\_\_**8** ☐ **Child Support**a. I ☐ do ☐ do not agree to the order requested.b. ☐ I agree to pay guideline child support.*You must fill out, serve, and file Form FL-150 or FL-155.***9** ☐ **Spousal Support**I ☐ do ☐ do not agree to the order requested.*Whether or not you agree, you must fill out, serve, and file Form FL-150 or FL-155.*


Your name: \_\_\_\_\_

**10** ☐ **Property Control**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***11** ☐ **Debt Payment**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***12** ☐ **Property Restraint**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***13** ☐ **Attorney Fees and Costs**I ☐ do ☐ do not agree to the order requested.**14** ☐ **Payments for Costs and Services**I ☐ do ☐ do not agree to the order requested.**15** ☐ **Batterer Intervention Program**I ☐ do ☐ do not agree to the order requested.**16** ☐ **Other Orders** (see item 20 on Form DV-100)I ☐ do ☐ do not agree to the orders requested.**17** ☐ **Turn in guns or other firearms.**a. ☐ I do not own or have any guns or firearms.b. ☐ I ☐ have ☐ have not turned in my guns and firearms to the police or a licensed gun dealer.c. ☐ A copy of the receipt ☐ is attached. ☐ has already been filed with the court.*You must file a receipt with the court within 72 hours after receiving Form DV-110.***18** ☐ **I ask the court to order payment of my**a. ☐ Attorney feesb. ☐ Out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*You must fill out, serve, and file Form FL-150.***19** ☐ **My Answer to the Statements in DV-100 and Other Requests***Please attach your statement. Write "DV-120, Item 19 — More Information" at the top. Be specific.***20** ☐ I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*\_\_\_\_\_  
*Sign your name*